

## **VERIFICATION OF LICENSURE**

### **THIS IS NOT AN ENDORSEMENT CERTIFICATION**

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED OR CERTIFIED TO PRACTICE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

Dear Sir:

In applying for a license to practice \_\_\_\_\_  
In south Dakota, the Medical Board requires this form to be completed by each state wherein I hold or have ever held a license or certificate. This is your authority to release any information in your files, favorable or otherwise, direct to:

South Dakota State Board of  
Medical & Osteopathic Examiners  
125 S. Main Ave  
Sioux Falls, SD 57104

\_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

My license number is: \_\_\_\_\_

DO NOT DETACH

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE SOUTH DAKOTA BOARD OF MEDICAL & OSTEOPATHIC EXAMINERS.

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

Graduate of: \_\_\_\_\_

License No.: \_\_\_\_\_ Issue date: \_\_\_\_\_

By: Endorsement/Reciprocity with \_\_\_\_\_

By: Your State Board's Written Examination \_\_\_\_\_

License is current: \_\_\_\_\_ If NO, Why Not? \_\_\_\_\_

Has license been suspended or revoked? \_\_\_\_\_ If YES, Why? \_\_\_\_\_

Has licentiate ever been on probation? \_\_\_\_\_ If YES, Why? \_\_\_\_\_

Has licentiate ever been requested to appear before your Board? \_\_\_\_\_

If YES, Why? \_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

(BOARD SEAL)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_

Date: \_\_\_\_\_